US DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

DECLARATION

Attorney's Docket No.
12895/46001

As below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **ANTIFUNGAL ORAL DOSAGE FORMS AND THE METHODS FOR PREPARATION**, the specification of which was filed on February 6 19,2004 and assigned Patent Application Serial No.10:781,997; and filed on March 11,2004 as PCT International Application Serial No. PCT/US04/07669; and

I hereby state that I have received and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code Of Federation Regulations, 1.56(a) including continuation -in -part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-
In-part -application.

PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a) -(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International Application which designed at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day,month,year)	DATE OF ISSUE (day,month,year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
India	1231/MUM/2003	28 Nov.2003		Yes.

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE (Day, Month, Year)


I hereby claim the benefit under Title 35, United States Code, §120 of any United States application (s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

APPLICATION NUMBER	FILING DATE (Day, Month, Year)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Patrick J. Birde, Esq.
KENYON & KENYON
One Broadway
New York, New-York 10004
(212)425-7200 telephone
(212)425-5288 facsimail
customer number 26646

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine imprisonment, or both, under S1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent Issuing thereon.

FULL NAME OF THE INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	KRISHNAN	Anandi	
RESIDENCE AND CITIZENSHIP	City	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Mumbai	India	India
POST OFFICE ADDRESS	B/2, Mahalaxmi Chambers, 22 Bhulabhai Desai Road, P.O.Box No.26511	Mumbai	India 400 026
Signature: 		Date: Nov. 25, 2004	


Patrick J. Birde, Esq.
KENYON & KENYON
One Broadway
New York, New-York 10004
(212)425-7200 telephone
(212)425-5288 facsimail
customer number 26646

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine imprisonment, or both, under S1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent Issuing thereon.

FULL NAME OF THE INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	SEN	Nilendu	
RESIDENCE AND CITIZENSHIP	City	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Mumbai	India	India
POST OFFICE ADDRESS	B/2, Mahalaxmi Chambers, 22 Bhulabhai Desai Road, P.O.Box No.26511	Mumbai	India 400 026
Signature: <i>Nilendu Sen</i>		Date: <i>25/11/2004</i>	

Patrick J. Birde, Esq.
KENYON & KENYON
One Broadway
New York, New-York 10004
(212)425-7200 telephone
(212)425-5288 facsimail
customer number 26646

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine imprisonment, or both, under S1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent Issuing thereon.

FULL NAME OF THE INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	BHONSLE	Shrikant	
RESIDENCE AND CITIZENSHIP	City	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Mumbai	India	India
POST OFFICE ADDRESS	B/2, Mahalaxmi Chambers, 22 Bhulabhai Desai Road, P.O. Box No. 26511	Mumbai	India 400 026
Signature: 		Date: November 25, 2004	

Patrick J. Birde, Esq.
KENYON & KENYON
One Broadway
New York, New-York 10004
(212)425-7200 telephone
(212)425-5288 facsimail
customer number 26646

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent Issuing thereon.

FULL NAME OF THE INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	CHANDURKAR	Kavita	
RESIDENCE AND CITIZENSHIP	City	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	St. John's	Canada	India
POST OFFICE ADDRESS	Janway Apartments, Apt. C-301, New Foundland Drive	Mumbai St. John's, NL	India 400 026 Canada
Signature: <i>Khandurkar</i>		Date: 10 th Dec. 2004	